

CHERRY HOSPITAL  
CLINICAL CARE PLAN

**SUBJECT:** Abuse/Neglect/Exploitation of  
Patients, Prohibited

CCP Number: VI-A-1  
Page 1 of 13  
Effective: 08-21-08  
Supersedes: 07-21-08

**AUTHORITY:** APSM 95-1; DHHS DIRECTIVE III-5; G.S. 7A, Subchapter XI;  
G.S. 7B, Subchapter I; G.S. 108A, Article 6; and G.S. 122C-66 and 67; CMS 483.13  
(b) (c) F223, F224

**PURPOSE:** To provide hospital policy and procedure for reporting and investigating all cases where there is cause to suspect that abuse, neglect and/or exploitation of any individual who is a patient at Cherry Hospital has occurred. To inform staff, students and volunteers of their responsibility to protect the well-being and safety of patients; to report allegations; and to ensure that arrangements for immediate medical evaluation occur when deemed necessary. To ensure that all staff, students and volunteers of the hospital are aware of the policies and procedures regarding the prohibition of abuse, neglect, and/or exploitation of patients.

**ADVISORY NOTE:** This policy applies to both abuse/neglect/exploitation of current patients and reports received about abuse/neglect/exploitation of patients while they were previously at Cherry Hospital.

**POLICY:** Patients at Cherry Hospital are to be treated with dignity and respect. Cherry Hospital prohibits the abuse, neglect, and/or exploitation of patients. All members of the hospital staff are required to intervene immediately if witnessing abuse, neglect, and/or exploitation of a patient. Where there is physical injury or sexual abuse, the patient is to be provided immediate medical evaluation.

Cherry Hospital further requires that when staff, students or volunteers observe, suspect, or have knowledge of abuse, neglect, and/or exploitation, they must report this information to their immediate supervisor/designee, the Royster Nursing Office (RNO), or the Cherry Hospital Advocacy Department immediately. The identity of an individual who makes a report of known or suspected abuse, neglect, and/or exploitation or who cooperates in an ensuing investigation may not be disclosed without his/her consent, except in the following situations: persons authorized by the facility or by the State or Federal law to investigate or prosecute these incidents will have access to identities of reporters and witnesses; the names of reporters and witnesses may be released if the accused employee receives adverse employment action; the names of reporters and witnesses can also be released when the reporter or witnesses testify in criminal or civil proceedings or when disclosure is legally compelled or authorized by judicial discovery.

All reported cases of alleged abuse, neglect, and/or exploitation of patients will be processed initially via internal procedures unless the alleged incident occurred prior to admission. All alleged incidents of abuse, neglect, and/or exploitation that occur prior

to admission will be documented on the Pre-Admission Report Form and notification to external agencies will be made as deemed appropriate by the Advocacy Department.

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Cherry Hospital recognizes that abuse, neglect, and/or exploitation of patients are a violation of the general statutes, patient rights, and the hospital's regulatory standards. Reporting and investigation procedures of this policy are to be strictly followed. Any abuse, neglect and/or exploitation of patients will subject the employee to disciplinary action as defined by the State Personnel Policy Manual. All staff, students and volunteers are required to fully cooperate with investigations conducted by management, the Advocacy Department and/or external investigating agencies regarding possible patient abuse, neglect, and/or exploitation. Failure to disclose information pertaining to suspected abuse, neglect and/or exploitation of a patient will result in disciplinary action as determined by the Hospital Director and State Personnel Policy Manual. Failure to disclose information pertaining to suspected abuse, neglect and/or exploitation of a patient is punishable by law as defined in G.S. 122-C66.

**DEFINITIONS:** (for purposes of this policy)

**Juvenile:** Any person under 18 years of age and who is not married or emancipated.

**Disabled Adult:** Any person 18 years of age or over or any lawfully emancipated juvenile who is present in the state of North Carolina and physically or mentally incapacitated due to mental retardation, cerebral palsy, epilepsy or autism; organic brain damage caused by advanced age or other physical degeneration in connection therewith; or due to conditions incurred at any age which are the results of accident, organic brain damage, mental or physical illness, or continued consumption or absorption of substances.

**Reasonable cause to suspect:** those facts or circumstances which would lead a reasonable or rational person (one who is neither overly preoccupied with, nor indifferent to abuse, neglect and/or exploitation) to infer or deduce that a patient has been abused, neglected and/or exploited.

**Health care personnel:** means any unlicensed staff that has direct access to patients or their property. Direct access includes any health care facility unlicensed staff that during the course of employment has the opportunity for direct contact with an individual or an individual's property, when that individual is a resident or person to whom services are provided.

**Abuse:** the infliction of physical or mental pain or injury by other than accidental means; or unreasonable confinement; or the deprivation by a caretaker of services which are necessary to maintain mental and physical health of the patient, whether due to deliberate intent or gross error in judgment.

**Neglect:** the failure to provide necessary care or services (medical or otherwise) to maintain the mental health, physical health and/or well-being of the patient.



**Examples of abuse or neglect include, but are not limited to, the following:**

1. Striking a patient with or without the use of an object, or causing a patient to be struck by enticing another patient or employee;
2. Pulling the hair of, scratching, or pinching a patient;
3. Using special treatment procedures such as, restraint, seclusion, or "time out" as retaliation or punishment or using unnecessary force in restraining or secluding a patient;
4. Verbal or physical threats;
5. Cursing, baiting, humiliating, acting, or gesturing in a manner that is demeaning to a patient;
6. Sexual involvement with patients by staff, students, volunteers and others of the hospital serving in a caretaker's role. (G.S. 14-27, Article 7A felonious offense.)
7. Giving or selling alcohol or unauthorized drugs to patients;
8. Failure to carry out orders for treatment (excluding medication variance process);
9. Failure to care for the patient's basic needs;
10. Failure to provide a required level of supervision.

**Exploitation:** the illegal, improper or misappropriated use of an individual or his resources for another's profit, business or advantage.

**Examples of exploitation include, but are not limited to, the following:**

1. Borrowing or taking personal property from a patient (G.S.14-3 misdemeanor punishable by a fine not to exceed \$500).
2. Exploiting the patient for one's own profit or advantage or deliberately allowing one patient to exploit another patient.
3. Special definitions are to be considered for juveniles (17 years or under).

**Abused Juvenile:** An abused juvenile is one whose parent or other person responsible for his care:

1. Inflicts or allows to be inflicted upon him/her a serious physical injury by other than accidental means; or
2. Creates or allows to be created a substantial risk of serious physical injury by other than accidental means; or
3. Uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior; or
4. Commits, permits or encourages the commission of a violation of the following laws by, with, or upon the juvenile: first or second degree rape; first or second degree sexual offense; sexual act by a custodian; crime against nature; incest; preparation of obscene photographs, slides, or motion pictures of the juvenile; employing or permitting the juvenile to assist in a violation of the obscenity laws; dissemination of obscene material to the juvenile; displaying or disseminating material harmful to the juvenile; first and second degree sexual exploitation of the juvenile; promoting the prostitution of the juvenile; and taking indecent liberties with the juvenile, regardless of the age of the parties; or
5. Creates or allows to be created serious emotional damage to the juvenile; serious emotional damage is evidenced by a juvenile's severe anxiety, depression, withdrawal, or aggressive behavior toward himself or others; or

6. Encourages, directs or approves of the commission of delinquent acts involving moral turpitude by the juvenile.

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**Neglected Juvenile:** A neglected juvenile is one who does not receive proper care, supervision, or discipline from his caretaker; or who has been abandoned; or who is not provided necessary medical care or other remedial care recognized by state law; or who lives in an environment injurious to his welfare; or who has been placed for care or adoption in violation of the law.

## **WARNING SIGNS OF ABUSE/NEGLECT/EXPLOITATION**

Possible warning signs and symptoms of abuse/neglect/exploitation are quite variable. The best way to find out about abuse/neglect/exploitation is to ask a person directly. The following information is suggestive of possible abuse/neglect/exploitation:

- Historical clues: history suggesting abuse, traumatic injury, sexual assault, suicide attempt, overdose, physical symptoms related to stress, vague complaints, problems/injuries during pregnancy, delay in seeking care
- Behavioral clues: evasive, reluctance to speak in front of others, overly protective/controlling parent/partner/significant other
- Physical clues: physical injuries, unexplained multiple injuries, unexplained old injuries, unexplained scar tissue

Whenever a patient has evidence of any of the clues, he/she should undergo more extensive questioning regarding possible abuse/neglect/exploitation. Staff may refer to Possible Warning Signs and Symptoms of Abuse/Neglect/Exploitation (Attachment I) for a comprehensive list of possible signs and symptoms of abuse, neglect, exploitation. When employees, students, and volunteers of the hospital find reasonable cause to suspect that abuse, neglect, and/or exploitation has occurred, either through direct observation, reports or warning signs and symptoms, they must immediately report this information to their supervisor/designee, the Royster Nursing Office (RNO), or the Cherry Hospital Advocacy Department.

## **PROCEDURES:**

### **I. IMMEDIATE INTERVENTION AND REPORTING REQUIREMENTS**

#### **A. Adults and Juveniles**

Any staff member, student or volunteer who observes, suspects, or receives an allegation of abuse, neglect and/or exploitation of a patient must:

1. Intervene immediately to ensure the safety and well being of the patient.
2. Notify the ward RN of the patient's home ward.
3. Notify their immediate supervisor/designee, RNO, or the Cherry Hospital Advocacy Department.
4. If the alleged abuse, neglect, and/or exploitation incident occurred prior to the patient's admission to Cherry Hospital, staff must ensure the patient is provided any needed medical services. Staff must also complete the Pre-Admission Report of Abuse,

Neglect, and/or Exploitation (Attachment II). This report must be forwarded immediately to the Advocacy Department.

#### **B. Additional Reporting Requirements for Juveniles Only**

Any staff member, student or volunteer who observes, suspects, or receives an allegation of abuse, neglect and/or exploitation of a JUVENILE (whether occurring at Cherry Hospital, while on a home visit, or prior to admission) must report this to the Child/Adult Protective Services Hotline/Wayne County Department of Social Services. Monday - Friday 8:00 a.m. - 5:00 p.m. by calling (919) 580-4034. After hours, on weekends or on holidays, call the Wayne County Sheriff's Department at (919) 705-1774 and request to speak with the Department of Social Services social worker on-call. The following information will need to be provided:

1. Name and location of patient;
2. Age, if known;
3. Nature and extent of the alleged abuse, neglect, and/or exploitation;
4. Condition of the patient as a result of the abuse, neglect, and/or exploitation;
5. Any known protective actions taken by Cherry Hospital to ensure the patient's safety.

**This reporting is required in accordance to DHHS Directive III-5.**

#### **C. Additional Reporting Requirements for Disabled Adults In Need of Protective Services Only**

Any staff, student or volunteer that determines or believes that a DISABLED ADULT has been abused, neglected and/or exploited AND HAS NOT BEEN PROVIDED ADEQUATE PROTECTION BY CHERRY HOSPITAL TO PREVENT FURTHER HARM must report the alleged abuse, neglect, and/or exploitation to the Wayne County Department of Social Services. Monday - Friday 8:00 a.m. - 5:00 p.m. by calling (919) 580-4034. After hours, on weekends or on holidays call the Child/Adult Protective Services Hotline/Wayne County Sheriff's Department (919) 705-1774 and request to speak with the Department of Social Services social worker on-call. The following information will need to be provided:

1. Name and location of patient;
2. Nature and extent of the alleged abuse, neglect, and/or exploitation.
3. Condition of the patient as a result of the abuse, neglect, and/or exploitation.
4. Any known protections/interventions provided as a result of the reported incident.
5. Information as to why reporter feels protections/interventions are inadequate to maintain the safety or well being of the alleged abuse, neglect, and/or exploited patient.



This reporting is required in accordance to DHHS Directive III-5.

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**D. Assessment and Treatment**

1. Upon notification of possible abuse, neglect and/or exploitation of a patient, the ward RN shall assess the patient immediately for any medical needs or injuries.
2. If medical needs or injuries are noted and assessment by the Medical Physician is deemed immediately necessary, the ward RN shall contact the assigned Medical Physician/designee. If medical needs or injuries are not noted or immediate medical assessment is not deemed necessary, the ward RN shall place the patient's name in the sick call book for assessment by the assigned Medical Physician/designee within 24 hours.
3. When requested by the ward RN, the assigned Medical Physician/designee shall assess the medical needs or injuries of the patient as soon as possible but no longer than one hour following the request.
4. The ward RN shall notify the Nurse Supervisor/designee of all allegations of abuse, neglect, and/or exploitation.
5. In all cases of sexual assault or suspected sexual assault, the ward RN of the patient's home ward shall follow the procedures as outlined in Clinical Care Plan VI-S-6, Sexual Activity Involving Patients.

**E. Documentation in the Medical Record**

1. The ward RN shall document the abuse, neglect, and/or exploitation allegation in a progress note in the patient's medical record prior to the end of the shift in which the report is received. Documentation should include:
  - a. a brief statement regarding the allegation;
  - b. the date, time and place of the alleged abuse, neglect, and/or exploitation;
  - c. the condition of the patient's mental and physical status; and
  - d. the treatment and/or intervention provided.
2. Documentation should not include the name of the person alleged to have abused, neglected and/or exploited the patient.

**F. Notifications Required by Immediate Supervisors/Designee, RNO Supervisor, or Advocate**

Any immediate supervisor/designee, RNO Supervisor, or Advocate who receives a report of patient abuse, neglect, and/or exploitation must immediately:

1. Complete the Initial Report of Abuse, Neglect, and/or Exploitation Form (Attachment III)
2. Notify the following staff as applicable:

- d. Social Work Department Office, Extension 3474;
  - e. Patient's assigned social worker;
  - f. Cherry Hospital Police,
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#### **G. Notifications Required by Nursing Services**

The ward Nurse/designee shall immediately attempt to notify the guardian/legally responsible person/contact person by telephone of injuries received by the patient during the alleged abuse, neglect, and/or exploitation. If the patient is a competent adult, consent for notification of the contact person is required.

#### **H. Notification to Guardian/Legally Responsible Person/Contact Person**

Within 24 hours of the Initial Report, the guardian/legally responsible person/contact person shall be notified by Social Work (or RNO evenings, weekends, and holidays) of the allegation of abuse, neglect and/or exploitation and pending investigation by telephone and a letter confirming contact (or attempted contact) shall be mailed. The telephone notification (or attempted notification) shall be documented in the progress note section of the medical record. A copy of the letter sent to the guardian/legally responsible person/contact person (when applicable) shall be retained in the correspondence section of the patient's chart. The name of the accused shall not be released. If the adult patient is competent, consent for notification of the contact person is required. The patient shall be consulted prior to notifying the designated contact person.

#### **I. Additional Notifications Required by Patient Advocate**

1. Upon receipt of a Pre-Admission Report of Alleged Abuse, Neglect, Exploitation, the Patient Advocate shall make necessary verbal/written contact with any named external agency (i.e. Sheriff Department, County Hospital) to report information regarding the alleged abuse, neglect, and/or exploitation. This contact shall be for information sharing purposes only. A copy of any correspondence sent to the alleged external agency shall also be sent to the County Department of Social Services where the alleged external agency is located.
2. Upon notification of an alleged abuse, neglect and/or exploitation of juveniles and/or disabled adults in need of protection services (as defined in DHHS Directive III-5), the Patient Advocate shall immediately complete the Directive III-5 Report (Attachment IV) and forward it to the Hospital Director/designee.

#### **J. Notifications Required by Hospital Director/Designee**

The Hospital Director/designee shall report all allegations of abuse, neglect and/or exploitation of juveniles and/or disabled adults in need of protective services (as defined in DHHS Directive III-5) to the Chief of State Operated Services who will then notify the Director of DMHDDSAS who will subsequently notify the Office of the Secretary.

DHHS Directive III-5) to the Chief of State Operated Services who will then notify the Director of DMHDDSAS who will subsequently notify the Office of the Secretary.

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Upon receipt of the Directive III-5 Report from Advocacy Services, the Hospital Director/designee shall transmit the form to the Chief of State Operated Services.

## **II. ABUSE, NEGLECT, EXPLOITATION INVESTIGATION PROCESS (Adults and Juveniles)**

### **A. Identification of Investigating Supervisor**

Monday – Friday 8:00 a.m. – 5:00 p.m., the Investigating Supervisor is the Department Head/designee or the Nurse Manager/Building Supervisor of the accused employee, student or volunteer. After hours, weekends and holidays the Investigating Supervisor is the RNO Supervisor/designee.

### **B. Responsibilities of the Investigating Supervisor**

1. Upon receiving report of an allegation of abuse, neglect, and/or exploitation, the Investigating Supervisor shall ensure the patient has received nursing/medical intervention as needed.
2. The Investigating Supervisor shall arrange for and provide protective services for the patient during the investigatory period. (Management has the option to place the accused employee on investigatory status with pay, reassign duties, or maintain current assignment). If the employee is to be placed on investigatory status leave, the appropriate supervisor or department head shall notify Human Resources and the Hospital Director of the decision.
3. The Investigating Supervisor shall initiate the investigation process
  - a. The Investigating Supervisor shall contact the Cherry Advocacy Department, Extension 3514, or the Hospital Operator, Extension 3200, and have an Advocate paged in order to:
    - 1) discuss how to proceed with the investigation process;
    - 2) discuss actions already taken or actions that need to be taken to provide protective services to the patient. If the Investigating Supervisor and Advocate do not agree on a plan of protection, the Hospital Director/designee may be consulted for resolution.
  - b. The Investigating Supervisor shall inform the accused staff member, student, or volunteer that an allegation of abuse, neglect and/or exploitation has been reported and an investigation has been initiated. The Investigating Supervisor will coordinate this notification with the Advocate so that the accused staff member, student or volunteer can be interviewed by the Investigating Supervisor and Advocate



immediately after being informed of the allegation. The staff member must complete an Investigation Witness Statement (Attachment V) summarizing information shared during the interview and acknowledging confidentiality requirements. An Investigation Notification To Employee Form (Attachment VI) shall be completed and given to the employee. The identity of the allegation reporter shall not be released to the accused staff member, student or volunteer at this time.

- c. If the identity of the accused staff is unknown or the accused individual is health care personnel, the Investigating Supervisor must complete the Health Care Personnel Registry 24 Hour Initial Report (Attachment VII). RNO shall assist the Investigating Supervisor with faxing the completed report to the Division of Health Service Regulation, DHSR, within 24 hours of the initial allegation. If the accused staff member is a licensed professional the clinical supervisor of the accused staff member will be responsible for meeting all reporting/notification requirements as required by the licensure board of the professional. Reporting requirements may vary from one profession to another due to the difference in licensure board criteria. It will be the clinical supervisor's responsibility to have knowledge of the licensure board requirements in regards to reporting/notification of allegations of abuse, neglect and/or exploitation of professional staff in which they supervise.

### **C. Responsibilities of the Investigation Team (Advocate and Investigating Supervisor)**

1. The Investigation Team shall interview all knowledgeable staff, students, volunteers and patients to obtain necessary information regarding the alleged abuse, neglect and/or exploitation.
  - a. The Investigating Supervisor shall be responsible for contacting and scheduling interviews with staff, students, volunteers, and patients. All staff, students, and volunteers are required to cooperate in investigations by fully disclosing any and all direct knowledge they have regarding the incident in question in a timely manner. Willfully and deliberately refusing to answer questions and/or providing false and misleading information may result in disciplinary action up to and including dismissal. All staff, students, and volunteers shall sign a Cherry Hospital Internal Investigation Form (Attachment VIII) prior to being interviewed. Staff, students, and volunteers shall return to the hospital for interviews as requested. All interviews shall be recorded. Summaries of all interviews shall be included in the Abuse, Neglect, and Exploitation Investigation Report.
  - b. Each staff member, student, and volunteer shall be required to complete the Investigation Witness Statement (Attachment V) summarizing all information shared during the interview. These statements shall be completed and returned to the Investigation Team immediately following the interview. Signed statements shall be included in the Abuse, Neglect, Exploitation Investigation Report. Copies of the Investigation Witness Statements shall not be released to staff, students, and volunteers due to the confidential patient information contained.
  - c. All staff, students and volunteers shall be informed of the confidentiality requirements of investigations and shall be required to sign the Investigation Witness Statement (Attachment V) acknowledging these requirements.

**Note: In order to maintain the integrity of investigations, investigations shall be conducted in the most discrete and confidential manner possible. Interviews should be held in areas that are conducive to interviewing staff, students, volunteers, and patients in a private manner. The reporter of the alleged incident should never be identified during the investigation process. All information pertaining to the investigation should be kept in confidence and never discussed in general conversation.**

2. The Investigation Team shall complete and sign the Abuse, Neglect, and Exploitation Investigation Report (Attachment IX) within five (5) working days from initiation of investigation.
  - a. The Patient Advocate shall be responsible for preparing the Abuse, Neglect, and Exploitation Investigation Report in collaboration with the Investigating Supervisor.
  - b. If agreement regarding the investigation conclusion cannot be reached by the Investigation Team, the Hospital Director shall be consulted.
  - c. The Investigating Supervisor shall provide copies of the Health Care Personnel Registry 24 Hour Initial Report and the 5-Working Day Report to the Advocate for inclusion in the Investigation Case File.
  - d. The official case files of all abuse, neglect and/or exploitation investigations conducted by the hospital shall be maintained in the Advocacy Department.
3. The Investigation Team shall attend the weekly meeting with the Chief Advocate, the Director of Nursing, and the Hospital Director to discuss the status of the investigation including specifics of the allegation, the interviews, the findings, and the recommendations. Each case shall be discussed from initiation through closure.

### **III. ABUSE, NEGLECT, EXPLOITATION INVESTIGATION CASE RESOLUTION**

#### **A. Investigation Team Recommendations**

1. The Patient Advocate shall forward a copy of the Investigation Team Recommendations Sheet from the Abuse, Neglect, Exploitation Report to the persons identified as responsible for corrective actions.
2. The persons responsible for corrective actions shall complete the Investigation Team Recommendations Sheet, noting the completion date, and shall return the Investigation Team Recommendations Sheet to the Advocacy Department to be filed with the original Abuse, Neglect, and/or Exploitation Report.

#### **B. Notification to Staff**

The Investigating Supervisor shall provide the accused staff, student, and/or volunteer with written notice of the conclusions/recommendations from the investigation on the Investigation Status Notification Form (Attachment X). The Investigating

Supervisor/Department Head of the accused employee shall meet with their Section Chief/Coordinator for final disposition of recommended action(s).

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**C. Notification to Patient, Guardian, Legally Responsible Person**

1. The Patient Advocate shall inform the patient and/or the patient's guardian or legally responsible person of the investigation's conclusion within two (2) working days of completing the investigation. This notification shall be in writing and a copy of the letter shall be filed in the investigation case file in the Advocacy Department. If the investigation has not been concluded within five (5) days of its initiation the Advocate will inform the patient and/or the patient's guardian or legally responsible person of the investigation's on-going status and the intent to provide investigation results upon its conclusion. Investigation results shall not be documented in the medical record.

**D. Notification to Human Rights Committee**

Upon completion of cases, the Advocacy Department shall prepare a summary of the Abuse, Neglect, Exploitation Investigations. This summary shall be submitted to the Human Rights Committee (HRC) for review at the next scheduled HRC meeting. The HRC chairperson shall sign a copy of the summary sheet. The Advocacy Department shall maintain a file of the signed summary sheets.

**E. Notification to the Health Care Personnel Registry**

If the accused staff was unknown or is a health care personnel, the Investigating Supervisor shall submit the Health Care Personnel Registry 5-Working Day Report (Attachment XI) to the Division of Health Services Regulation. If the investigation continues beyond 5 business days, the Health Care Personnel Registry shall be notified as to the status of the investigation on the fifth business day. Once the investigation is concluded the final disposition of the case shall be submitted by the Investigating Supervisor.

**IV. EXTERNAL ADVOCACY GROUPS**

**A. Division of Health Services Regulation (DHSR)**

1. DHSR may conduct independent investigations at their discretion.
2. All staff, students, and volunteers of Cherry Hospital shall cooperate and provide assistance to DHSR in obtaining information necessary to complete their investigation.
3. Patient consent is not necessary to release requested information within the scope of the investigation to DHSR.

**B. Department of Social Services (DSS)**

1. DSS may conduct independent investigations at their discretion.



2. All staff, students, and volunteers of Cherry Hospital shall cooperate and provide assistance to DSS in obtaining information necessary to complete their investigation.
3. Patient consent is not necessary to release requested information within the scope of the investigation to DSS.
4. The Cherry Hospital Advocacy Department shall be notified by DSS of investigation outcomes and recommendations in writing. The Advocacy Department shall maintain a file of all DSS investigation outcomes.

#### **C. Disability Rights North Carolina (DRNC)**

1. DRNC representatives shall provide monitoring services to Cherry Hospital as deemed necessary. DHRS shall be escorted by Hospital staff while monitoring but may speak privately with patients without requiring guardian consent. Consent to obtain patient information from records shall require an Authorization To Disclose Health Information Form signed from the patient, guardian or legally responsible person.
2. DRNC may conduct independent investigations with the consent of the patient, guardian, or legally responsible person. Request for information to complete an independent investigation shall be coordinated through the Cherry Hospital Advocacy Department and the Cherry Hospital Medical Records Department.

#### **D. All Other External Advocacy Groups**

All other external advocacy groups must submit an Authorization To Disclose Health Information Form signed by the patient, guardian, or legally responsible person prior to receiving any information regarding a patient at Cherry Hospital.

### **V. EMPLOYEE TRAINING**

- A. Supervisors shall have each new staff, student, and/or volunteer read the policy (Abuse/Neglect/Exploitation of Patients, Prohibited) and sign a Memorandum of Understanding (Attachment XII) on the first day of employment. The memorandum includes a statement that the staff member has read and understands the policy. The staff member shall make a commitment to abide by the policy. The completed Memorandum of Understanding shall be forwarded to the Human Resources Office immediately to be filed in the staff member's personnel record. This requirement is an exception to the general 30-day time frame specified in the Employee Orientation policy, Cherry Hospital Administrative Policy Manual.
- B. Training in the policies and procedures regarding the prohibition of abuse, neglect, and/or exploitation of patients shall be provided during New Employee Orientation.
- C. Annual training of the policy and procedures regarding the prohibition of abuse, neglect, and/or exploitation of patients shall be provided by Supervisors. Additional reviews shall

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**Attachment Forms:**

Possible Warning Signs and Symptoms of Abuse/Neglect/Exploitation (Attachment I)  
Pre-Admission Report of Alleged Abuse, Neglect and/or Exploitation (Attachment II)  
Initial Report of Alleged Abuse, Neglect, and/or Exploitation of Patient (Attachment III)  
Directive III-5 (Attachment IV)  
Investigation/Witness Statement (Attachment V)  
Investigation Notification to Employee (Attachment VI)  
Health Care Personnel Registry 24 Hour Initial Report (Attachment VII)  
Cherry Hospital Internal Investigation Form (Attachment VIII)  
Abuse, Neglect and/or Exploitation Investigation Report (Attachment IX)  
Investigation Status Notification to Employee (Attachment X)  
Health Care Personnel Registry 5-Working Day Report (Attachment XI)  
Memorandum of Understanding (Attachment XII)

Effective Date: 08/21/08  
Supersedes: 07-21-08  
02/19/08  
08/21/07  
01/30/07

**IMMEDIATE TELEPHONE NOTIFICATION SHOULD BE MADE TO THE FOLLOWING:**

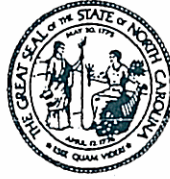
<u>PERSON CALLED</u>	<u>DATE CALLED</u>	<u>TIME CALLED</u>	<u>CALL MADE TO:</u>
			Notify Wayne County Dept. of Social Services if incident involves juveniles or suspected protective service violation for disabled adults (Day-call 580-4034; after hours & holidays call the Child/Adult Protective Services Hot Line 705-1774, you will automatically be connected to the Sheriff Dept.) (Refer to SECTION VI-A-1 in Clinical Care Plan for additional information regarding abuse policy & procedures.)
			Cherry Hospital Advocacy Department at 3514
			Royster Nursing Office at 3358
			Guardian/Contact Person to be notified by (check one): _____ Social Worker Weekdays 8AM till 5 PM _____ RNO after 5 PM, weekends, and holidays
			Social Work Department Office at 3474
			Department Head/Designee of Accused Employee
			Cherry Police Department at 3309 (if physical or sexual abuse allegation)

\_\_\_\_\_  
**Signature**

**COPIES OF THIS REPORT SHOULD BE SENT AS FOLLOWS:**

<u>DATE SENT</u>	<u>TIME SENT</u>	<u>SENT TO THE FOLLOWING:</u>
		RNO
		Cherry Advocacy Dept.
		Department Head of Accused Employee
		Performance Improvement Office <u>only</u> if abuse, neglect occurred during the use of a restrictive intervention)





## Exhibit I

North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

### CHERRY HOSPITAL

201 Stevens Mill Road • Goldsboro, N.C. 27530-1057 • Courier #01-11-05

Telephone Number (919) 731-3200

Fax (919) 731-3785

Michael F. Easley, Governor  
Dempsey Benton, Secretary  
Michael S. Lancaster, M.D. and  
Leza Wainwright, Directors

Jack St. Clair, Ed.D., NHA  
Cherry Hospital Director

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Patient Name/Number

Dear

This is a written follow-up to the verbal notification made on \_\_\_\_\_ that an investigation has been initiated to rule out alleged \_\_\_\_\_ involving the above named patient.

You will receive additional information from the Cherry Hospital Advocacy Department regarding the outcome of the investigation. If you have questions, you may contact the Cherry Hospital Advocacy Department at (919) 731-3514.

Sincerely,

cc: Medical Records

An Equal Opportunity / Affirmative Action Employer



North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

**CHERRY HOSPITAL**

201 Stevens Mill Road • Goldsboro, N.C. 27530-1057 • Courier #01-11-05

Telephone Number (919) 731-3200

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Michael F. Easley, Governor  
Dempsey Benton, Secretary  
Michael S. Lancaster, M.D. and  
Leza Wainwright, Directors

Jack St. Clair, Ed.D., NHA  
Cherry Hospital Director

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Patient Name/Number

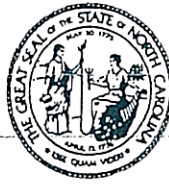
Dear

As we were unsuccessful at reaching you by phone, this is written notification to inform you that an investigation has been initiated to rule out alleged \_\_\_\_\_ involving the above named patient.

You will receive additional information from the Cherry Hospital Advocacy Department regarding the outcome of the investigation. If you have questions, you may contact the Cherry Advocacy Department at (919) 731-3514.

Sincerely,

cc: Medical Records



## Exhibit J

North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

**CHERRY HOSPITAL**

201 Stevens Mill Road • Goldsboro, N.C. 27530-1057 • Courier #01-11-05

Telephone Number (919) 731-3200

Fax (919) 731-3785

Michael F. Easley, Governor  
Dempsey Benton, Secretary  
Michael S. Lancaster, M.D. and  
Leza Wainwright, Directors

Jack St. Clair, Ed.D., NHA  
Cherry Hospital Director

### MEMORANDUM

TO: Cherry Hospital Social Workers

FROM: Cory Gregory, MSW, LCSW  
Social Work Program Director

DATE: August 12, 2008

RE: Immediate Jeopardy/Plan of Correction

As everyone is aware, the hospital is in "Immediate Jeopardy". The Social Work Department was cited for a violation of Patient's Rights regarding "Failure to Notify Guardian of an Abuse Allegation".

Our plan of correction requires us to review the policy "Abuse/Neglect/Exploitation of Patients Prohibited". A mandatory meeting is scheduled for Thursday, August 14<sup>th</sup> at 8:30 a.m., U-4, Room 164. Kim Brantham, Chief Advocate, will be presenting. You must be prompt. Please adjust your scheduled if necessary.